



**U.S. Department of Veterans Affairs
and
Indian Health Service
Memorandum of Understanding
Annual Report
Fiscal Year 2019**

Prepared by:

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

U.S. Department of Health and Human Services
Indian Health Service

U.S. Department of Veterans Affairs
Office of Tribal Government Relations
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EXECUTIVE SUMMARY

On October 1, 2010, the United States (U.S.) Department of Veterans Affairs (VA) and the Indian Health Service (IHS), through the U.S. Department of Health and Human Services (HHS), signed a Memorandum of Understanding (MOU) “to improve the health status of American Indian and Alaska Native (AI/AN) Veterans,” authorized by the Indian Health Care Improvement Act (25 U.S.C. §§ 1645, 1647; 38 U.S.C. §§ 523(a), 6301-6307, 8153).

The intent of the MOU is to advance collaboration, coordination, and resource-sharing between VA and the IHS to ensure equitable access to care and services to AI/AN Veterans. On December 5, 2012, the VA Veterans Health Administration (VHA) and the IHS entered into an agreement for reimbursement for direct health care services (Reimbursement Agreement) to facilitate reimbursements from VA to the IHS and Tribal Health Programs (THP) for certain health care services provided to VHA-enrolled AI/AN Veterans who are eligible to receive services at IHS or THP facilities. In June 2018, VA and the IHS amended the Reimbursement Agreement to clarify pharmacy services and to extend the terms of the agreement through June 30, 2022. In fiscal year (FY) 2019, the VA-IHS leadership team focused on revising the 2010 MOU to account for progress made to date under the new Administration’s priorities. To that end, VA and the IHS initiated Tribal Consultation to seek Tribal input on proposed revisions and hosted joint listening sessions. VA and the IHS continue to respond to Government Accountability Office inquiries, and both agencies have committed to ensuring that programs initiated under the updated MOU will incorporate robust metrics, including targets.

This report describes key outcomes of current MOU objectives, as well as some of the VA-IHS inter-Departmental activities that are not specified in the current MOU.

National Leadership

- Thomas F. Klobucar, Ph.D., Executive Director, VA Office of Rural Health (ORH)
- P. Benjamin Smith, MBA, Deputy Director for Intergovernmental Affairs, IHS, HHS
- Stephanie E. Birdwell, MSW, Director, VA Office of Tribal Government Relations

The VA-IHS MOU leadership team met quarterly to oversee administration of the MOU, evaluate outcomes, and plan future inter-Departmental initiatives.

2019 VA-IHS MOU Partnership Accomplishments

- The workgroups completed a number of MOU-related goals, which are now a routine part of each Department’s operations. As a result, accomplishments during 2019 included the following:
 - \$20.49 million reimbursed to the IHS and THPs by VA for care of more than 5,200 unique enrolled AI/AN Veterans;
 - 938,866 prescriptions processed through the VA Consolidated Mail Outpatient Pharmacy (CMOP) Program for IHS Veteran patients enrolled in VA;

- 382 in-person and online training sessions shared between agencies; and
 - 95 placements of AI/AN Veterans in housing through the U.S. Department of Housing and Urban Development–VA Supportive Housing (HUD-VASH) Program.
- Inter-agency collaboration at the local level created access programs that resulted in:
 - 23 Tribal communities receiving transportation support for Veterans through the Highly Rural Transportation Grant program;
 - 2 Tribal Consultations, 4 Tribal Leader Letters, and 21 training sessions with Tribal communities pertaining to AI/AN Veteran issues;
 - 16 Tribal communities received care through VA telehealth services in Montana, Wyoming, and Oklahoma; and
 - 2 IHS and THP clinics participating in a VA-led workforce training program.

The VA-IHS MOU leadership team met quarterly to review MOU objectives and discuss updates to the MOU document to remove outdated language and create a more comprehensive, flexible agreement that will serve both agencies well into the future.

PERFORMANCE METRICS

Section 102(b) of the Veterans Access, Choice, and Accountability Act of 2014 requires the establishment of VA and IHS MOU performance metrics to monitor progress. The table below captures 14 performance metrics developed by VA and the IHS and their FY 2019 outcomes.

Metric	Activity
1. Number of VA-enrolled Veterans served by the IHS and THPs through VA-IHS and VA-THP reimbursement agreements.	VA-IHS: 2,670 VA-THP: 2,647
2. Total disbursed dollar amount through VA-IHS and VA-THP reimbursement agreements.	VA-IHS: \$7,381,862 VA-THP: \$13,111,521
3. Total prescriptions filled through the VA CMOP for direct AI/AN Veteran care.	938,866
4. Completion of annual metrics review.	Completed FY 2019
5. Total number of instances where VA and the IHS or THPs share space, equipment, services, and/or personnel to provide health care for AI/AN Veterans.	17
6. Quality measures tracked specifically for enrolled Veterans served by the IHS through the VA-IHS reimbursement agreement.	Data not available
7. Completion of annual metrics review.	Completed FY 2019
8a. Number of shared VA-IHS training sessions and webinars.	382
8b. Number of training attendees.	Data not available
9. Number of meetings between VA ORH and IHS leaders to coordinate MOU implementation activities.	17
10. Completion of annual metrics review.	Completed FY 2019
11. Total reimbursement for suicide prevention, tobacco cessation and diabetes management services.	\$2,012,557.20
12. Completion of annual metrics review.	Completed FY 2019
13. Number of Tribal Consultations, Tribal Leader Letters, and training sessions with Tribal communities pertaining to Native Veteran issues.	Consultations: 2 Tribal Leader Letters: 4 Training sessions with Tribal Communities: 21
14. Completion of annual metrics review.	Completed FY 2019

Source: Internal VA and IHS reports

ACCOMPLISHMENTS

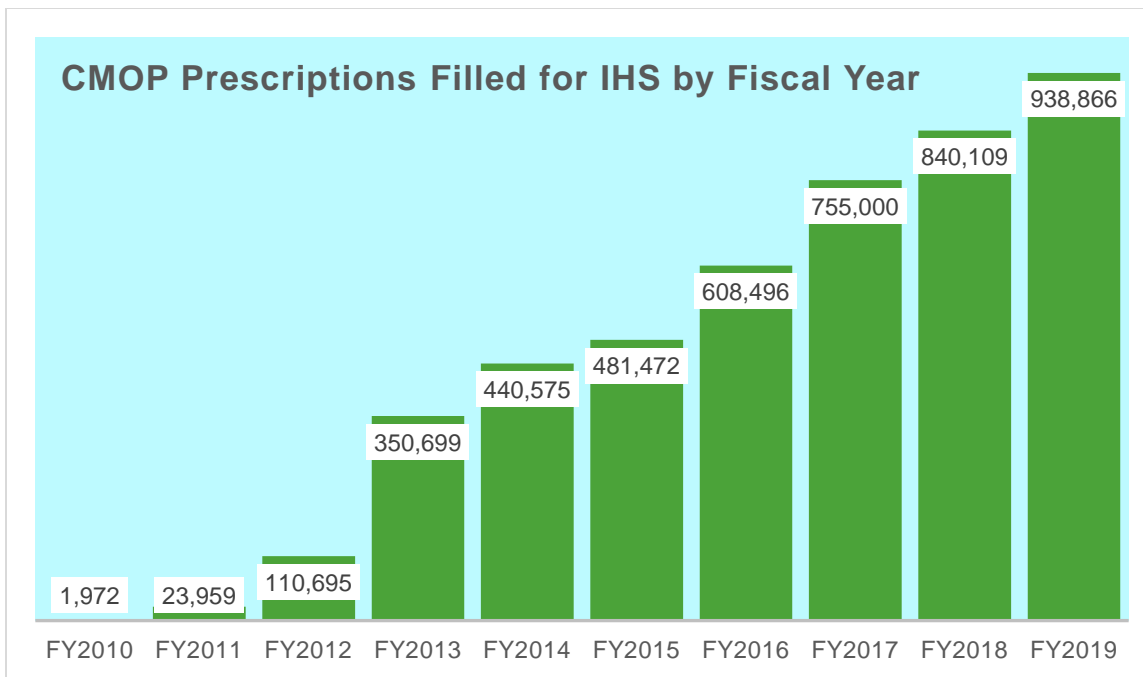
To support the MOU's goal to "improve the health status" of AI/AN Veterans, the VA-IHS MOU leadership team focused on strategies to increase the number of care sites, bring care closer to home, reduce barriers to care (e.g., travel, geography, time, transportation), and train health care professionals. All of this was done in coordination with Tribal communities. Note that some of the activities listed below began in MOU workgroups, but are now a routine part of each Department's operations. Similarly, some of the inter-agency collaborations began in the field, independent of the MOU.

Access to Care

- In 2012, VA and the IHS entered into the *VA-IHS Reimbursement Agreement for Direct Health Care Services* that facilitates VA payment to the IHS for health care delivered to VA-enrolled AI/AN Veterans at 74 IHS facilities without prior authorization. On June 29, 2018, agency leaders signed amendment three to the agreement, extending it to June 30, 2022. In addition, VA has 114 separate reimbursement agreements with THPs. The VA Office of Community Care administers these agreements and is responsible for their execution.
 - Since inception in FY 2012, VA-IHS and VA-THP reimbursement agreements provided \$104.68 million to the IHS and THPs for health care for 10,696 VA-enrolled AI/AN Veterans. In FY 2019 alone, VA paid the IHS and THPs \$20.49 million for health care for more than 5,200 unique enrolled AI/AN Veterans.
- VA delivered care through nine Tribal telemental health clinics at the Montana VA Health Care System: Wind River, Wyoming; Crow, Montana; Northern Cheyenne, Montana; Flathead, Montana; Blackfeet, Montana; Fort Belknap, Montana; Pawnee, Oklahoma; Fort Peck, Montana; and Rocky Boy, Montana. The program serves 16 Tribal communities.

Access to Medication

- One of the most successful collaborations between VA and the IHS is the VA CMOP program for VA-enrolled AI/AN Veterans served at IHS clinics. On December 12, 2016, VA and the IHS entered into an inter-agency agreement that extended the CMOP program to THPs that meet necessary requirements. The CMOP mails prescriptions to Veteran homes, which can significantly reduce or eliminate travel to and from rural or remote communities to obtain medication. This collaboration continues to expand annually. In FY 2019, the CMOP processed 938,866 prescriptions, an increase of nearly 12 percent from FY 2018. Since inception in FY 2010, the CMOP has processed more than 4.55 million prescriptions for VA-IHS patients.



Source: Internal VA data

Workforce Training

- VA and the IHS coordinated on training and recruitment efforts whenever possible. In FY 2019, VA and the IHS shared 382 training programs, including online and in-person sessions focused on suicide prevention, substance abuse, opioid and Naloxone training, tele-education, post-traumatic stress disorder, and more.
- The Rural Interdisciplinary Team Training (RITT) Program, part of the VA Geriatric Scholars Program, trains providers to address the unique needs of the geriatric Veteran population. This well-established program is included in both VA’s and the IHS’s response to the National Plan to Address Alzheimer’s Disease. This fiscal year, VA provided two RITT training sessions at IHS and THP clinics in two of the 12 IHS Area regions.
- ORH began development of the Rural Native Veteran Navigator Program, which aims to improve health outcomes for rural AI/AN Veterans by using an evidence-based approach to increase access to health care and Veteran-associated benefits. The program will connect rural AI/AN Veterans with patient navigators who are trained to help coordinate care, connect patients with resources, and help patients understand the health care system.

Access to Transportation

- The VA Highly Rural Transportation Grants (HRTG) provide funds to Veteran Service Organizations and state Veterans service agencies to transport Veterans who reside in highly rural areas to VA medical appointments. In FY 2019, HRTG grantees served 23 Tribal communities in Montana, Alaska, Nevada, North Dakota, South Dakota, Washington, and California.

Housing Assistance

- VA and the IHS recognize the impact that housing, or the lack thereof, has on Veterans' health. To address this social determinant of health, the HUD-VASH program provides rental assistance for homeless AI/AN Veterans or AI/AN Veterans at risk of homelessness.
- In FY 2019, the Tribal HUD-VASH program saw all 26 Tribal grantees engaged with case managers to house eligible homeless AI/AN Veterans and AI/AN Veterans at risk of homelessness. There were 95 new unique placements of Veterans admitted to Tribal HUD-VASH in FY 2019. Additionally, the program grew from 350 Veterans served in FY 2018 to 499 unique Veterans served in FY 2019, with 407 Veterans housed at some point during the fiscal year.

Tribal Consultations

- VA and the IHS strive to consult regularly with Tribal partners to better serve AI/AN Veterans. To gather Tribal input and promote VA programs and resources, the VA Office of Tribal Government Relations (OTGR) conducted two Tribal Consultations, sent four Tribal Leader Letters, led 21 training sessions with Tribal communities, and conducted one Tribal Stand Down, which is an event that focuses on assisting homeless Veterans and AI/AN Veterans by offering a variety of free services including health care, mental health, drug counseling, housing, vocational rehabilitation, flu shots, job and employment services, and social security services. The IHS participated in many of these events.
- VA and the IHS conducted a listening session and a Tribal Consultation to seek input on the MOU and related performance measures. The two sessions, which took place at National Indian Health Board conferences in Albuquerque, New Mexico, and Temecula, California, allowed VA and the IHS to collect meaningful feedback for incorporation into the draft MOU. Key themes included care coordination, culturally sensitive care, payment and reimbursement, transportation, and expansion of services.
- The Veterans Benefits Administration and the OTGR conducted a Presumptive Campaign Claims Clinic initiative, taking 472 claims at 30 events involving 25 Tribal governments.

FUTURE COLLABORATION

The VA-IHS MOU partnership continues to deliver tangible outcomes that increase access to care for AI/AN Veterans. While the current VA-IHS MOU provides a good starting point for some of the innovations highlighted above, many of the most effective collaborative practices evolved at the local level as partnerships between local VA facility leadership and local IHS or THP leaders. In FY 2019, the VA-IHS MOU leadership team continued its in-depth revision of the existing document, with the goal of creating a new MOU that reflects the evolving health care and health information technology landscape. In addition to developing a more comprehensive, flexible MOU structure, the VA-IHS MOU leadership team is working to develop performance metrics with measurable targets. VA and the IHS look forward to continued tribal consultation on an updated draft VA-IHS MOU in FY 2020. We are confident that the evolution of this MOU will be successful as it is happening in tandem with transformative legislation and advancements in technology and innovation. In addition, by focusing attention on enhancing care coordination for AI/AN Veterans, we look forward to tribal participation by inviting Tribal Officials to be members of an Advisory Board. This Advisory Board will implement the standardized care coordination process and provide care coordination, including community referrals between VA and IHS or THP sites for the benefit of Veterans. These efforts will help to support both agencies and the Veterans we serve well into the future.